DISCLOSURE SUMMARY PAGE	, 8	<b>DR-2</b> (Rev. 01/98)	DISCLOSURE REPORT
	Transport	For Office Use O	ILY MACO
COMMITTEE NAME (Must be same as on Statement of Organiza 1000 MAY 15 AM 9	: 25	Comm. #	1052
IMPORTANT: Indicate type of committee you are reporting for:		Audited	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates		Computer	
SIGNATURE OF TREASURER (of person filing this report) TELEPHONE	78		
SIGNATURE OF TREASURER (of person filing this report) TELEPHONE		DATE SI	GNED
Routine Penalties Due For Late Filed Reports Range	from \$	20 to \$800	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE	`F•		
I AM FILING A MAY 19 2008 REPORT FOR AN/A (1) EL			ON YEAR.
	idicate of	ile T	
CHECK IF AMENDMENT TO REPORT DATED	Local Co	ommittees, enter Da	te of Election
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)		Local Committees, ection is held	enter County in
STATEMENT OF CASH ON HAND			
cash on hand at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	•	587	29
ADD TOTAL MONEY TAKEN IN THIS PERIOD	••••••••		- CX OQ
Schedule A: Cash Contributions total (Attach Schedule A)		830	176
Schedule F: Loans Received total (Attach Schedule F)			
Schedule H: Total Sales of Campaign Property (Attach Schedule H)			
(Schedule H applies to Candidates' Committees Only)			
SUB-TOT	AL\$	1417	50
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			· O o
Schedule B: Expenditures total (Attach Schedule B)	•••••	252	, 66
Schedule F: Loan Repayments total (Attach Schedule F)			
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	1163	1,92
UNPAID BILLS (From Schedule D - Attach Schedule D)			
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	5		
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	5		
CANDIDATE COMMITTEES ONLY:	\$		
CONSULTANT BREAKDOWN (Schedule G Attached?)			
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	æ	YES	NO
- 11-1 - 1 Tom Conduct ( Friday Consults ( )	₩.		

FORM

FOR INSTRUCTIONS, SEE BACK OF FORM

For Instruct	ions, See Back of I	Form		
CONTRIBUT	TIONS MONEY T	AKEN IN	SCHEDULE <b>A</b> (Rev. 02/96)	MONETARY
Laves	Caunty Ver	e as on Statement of Organization)  Macratle Central Commettee	АМІ	ECK THIS BOX IF ENDING FORM
NUMBER AND TH DISCLOSURE BO	ATES NOTE! IF A CONTR IE PAC CHECK NUMBER IN ARD.	RIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMM I THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE F	IITTEE), LIST THE PAC ID ROM THE IOWA ETHICS A	ENTIFICATION AND CAMPAIGN
		Code, prohibits the use of information copied from reports and second than statutory political committees.	statements for solicitir	g contributions or
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
Q-1 <b>4</b> 08	ID# CK#	Theila Westigard	Lynd Lynd	\$
3 M -00	ID#	Janes Carlisle St.	pasur	25,00
3-14-08	CK#	Bloomfield Jour 52537	11	120.00
3-14-08	CK#	Cash	Turdhasen	270.M
1-0308	ID# CK#	Carrie Park	1/	240 21
1 000	ID#	A A	Lund Bisser	370,36
1-08-08	Crost	Cash		45 00

SUB-TOTAL \$830.36

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

ID#

CK#

ID#

CK#

ID#

CK#

ID#

CK#

ID#

CK#

Page of (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
Vario	Country	Demaratic Contra	Committee	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-08.08	ID#   CK#     12     ID#   CK#	BloomfieldComminder 201 5 Machioon Bloomfield da 525. Cristie Rysdam 13841 Broon tru		\$62.40
3-1008	1D#	David ound a Societ	Luplies	55.26
3- <b>04</b> 08	CK# //23 ID#	Bloomfield 205253	Booth Kental	135,00
	CK#			
	ID# CK#	region ().	_	
	ID#	·		
	CK#	entrem de		
1	CK#			i e e e e e e e e e e e e e e e e e e e
	ID# CK#			
	UN#	,	SUB-TOTAL	\$9 9 //
			TOTAL (if last page of this schedule)	\$252.66

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page	/	)	of	 _	
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